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Degree of satisfaction with family functioning, using the APGAR scale

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ABSTRACT

Introduction: The family is the first social nucleus. There are different types of families constituted by beliefs, customs, values , and behaviors. The family APGAR is an instrument for evaluating family functionality. The role of the family during childhood is transcendental for cognitive, mental, and social progress since at this stage it allows offering protection, attention, and teaching to strengthen their progress.

Aim: Analyze the degree of satisfaction in relation to the level of Family Functioning, through the application of the APGAR Test.

Methodology: A study with a quantitative, non-experimental, correlational, and cross-sectional approach was carried out, where we worked with a population of adults and older adults that included 140 families, residing in urban and rural areas of the province of Cañar - Ecuador, selected through non-probability sampling. The APGAR scale was used to evaluate the perception of family functioning and the relationship between its members, the components are evaluated through three closed questions with a Likert-type rating score and the results describe a functional family, with mild dysfunction and severe dysfunction. Statistical analyzes were performed using SPSS.21.

Results: 140 families participated, with key informants, adults from 18 to 85 years (m42.7), an average of 4.11 family members, and 69.3% are families residing in rural areas. Regarding family functionality, 80.7% are in the highly functional range; In relation to the question. Do you feel that your family loves you?, 82.1% present with the item Almost always, as well as the highest mean score of 1.76. In the questions posed, it is evident that there is a statistically significant correlation p-value of 0.000, considering a p-value of < 0.05.

Conclusion: Each family is formed by different social nuclei since it has its own identity, interrelationships, and intergenerational. The study shows a close correlation between the degree of satisfaction almost always and high functionality among families.

Keywords

Degree of satisfaction, Family functionality, Scale Apgar.

Introduction

The family constitutes a group of people, united by legal ties, who live together and have a life project in common. It is considered as the unit of care and the focus of attention and is seen as an interactional system. The gaze is placed on the dynamics and internal family relationships, also on the structure and its functions, following biomedical and sociological criteria. It is the first nucleus influences values, beliefs, and behaviors expressed particularly by parents since childhood, and is transcendental for cognitive, mental, and social progress [1,2].

In the field of public health, the family as a social unit is considered as the unit where the health conditions of each of the members occur [3].

The functionality of families is healthy when the relationship is effective between the members who share their own identity, affective and emotional ties. Therefore, the difference between Family Health is clear, that is, the level of health of each of them, and Family Health, which it refers to the functioning of its members (Normofunctional and dysfunctional) [4]. On the other hand, the direct relationship between family functionality and well-being in the elderly, whether in mental health, in preventing feelings of loneliness, or in increasing the quality of life, influences the overall health of the older adult [1].

The family function allows the family to maintain a stable balance to achieve the psychobiological, sociocultural, educational and economic objectives that the family group requires and to successfully fulfill the functions that are historically and socially assigned to it.

On the other hand, a dysfunctional family affects the behavior of the members of the household, because it causes problems in their behavioral development, emotional manipulation, and social instability, which makes it impossible for their personality to progress adequately [5]; and in turn, triggers conflict situations characterized by: Family violence, confusion of roles, excessive dependence and lack of communication.

One of the tools used to assess family functionality in primary care is the APGAR, developed by Smilkstein in 1978 [6], with the aim of family doctors collecting information from their patients on the functional situation of their relatives. It consists of three Likert-type items (0 = almost never, 1 = sometimes, and 2 = almost always). The cut-off points are the following: functional family: 7-10 points; with mild dysfunction: 4-6 points; and severe dysfunctional: 0-3 points; applied to different members and at different times to get a better idea of how satisfied respondents are with their family life. That is, it is the level of perception of family members about the overall functioning of the family unit [7,8].

The study is proposed with the objective of analyzing the degree of satisfaction and the level of Family Functioning through the application of the APGAR Test.

Methodology
A study was carried out with a quantitative approach, of a non-experimental, correlational, and cross-sectional design on the degree of satisfaction of Family Functioning.

It worked with a population of adults and older adults that include 140 families residing in urban and rural areas of the province of Cañar - Ecuador, (the application of the questionnaire lasted approximately 10 minutes per person). It is a non-probabilistic

sampling and by availability, the sample selection criteria for the application of the survey, through the family APGAR questionnaire were: to be an adult or older adult, without cognitive impairment and willing to participate in the study.

The APGAR scale evaluates the perception of family functioning and the relationship between its members through five different areas (adaptability, cooperation, development, affectivity and problem-solving capacity). These components are evaluated through three closed questions that contain a score according to the following Likert-type qualification (0 = almost never, 1 = sometimes and 2 = almost always). In the functionality categories, they are described as a functional family: 7-10 points; a family with mild dysfunction: 4-6 points; and a severely dysfunctional family: 0-3 points.

The questionnaire was delivered to a member of each family so that they could answer the questions raised in it personally, each question had to be marked only with an X, and in the case of the elderly, the application of the questionnaire was carried out by means of the personal interview.

The descriptive and correlation statistical analyzes were performed using the Statistical Package for the Social Sciences version 22 (SPSS.22) and the representation of the results using tables.

Results
Descriptive Statistics
Of the 140 families surveyed, whose key informants range in age from 18 to 85, a mean of 42.74 years, a standard deviation of 14.305; the number of family members between 2 and 10 members, a mean of 4.11, and a standard deviation of 1.26.

Table 1 shows that, of 140 families surveyed, 69.3% (97) reside in rural areas, in addition, 73.6% (103) receive an economic income between$401-999. Regarding family functionality, 80.7% (113) are in the highly functional range, where they almost always fulfill their functions and responsibilities in the family group, compared to 9.3% (13) shown in the severely dysfunctional family group.

Table 1: Socioeconomic data and family functionality.

Variables	No.	%
Place of Residence		
Urban	43	30.7
Rural	97	69.3
Economic Income		
less than 400 dollars	30	21.4
$401-999	103	73.6
more than 1000 dollars	7	5.0
Family Functionality		
severe dysfunctional	13	9.3
mild dysfunction	14	10.0
functional family	113	80.7
TOTAL	**140**	**100.00%**

Prepared by: the authors.

Table 2: Degree of satisfaction in family functioning.

Indicators	Hardly ever	Sometimes	Almost always
Are you satisfied with the help you receive from the family when you have a problem?	10 (7.1%)	29 (20.7%)	101 (72.1%)
Do you talk to each other about the problems you have at home?	13 (9.3%)	42 (30.0%)	85 (60.7%)
Are important decisions made jointly with the family?	16 (11.4%)	34 (24.3%)	90 (64.3%)
Are weekends shared by everyone in the house?	17 (12.1%)	43 (30.7%)	80 (57.1%)
Do you feel that your family loves you?	9 (6,4)	16 (11,4)	115 (82.1%)

Prepared by: the authors

Table 3: Correlation of variables on family functionality.

Indicators	Half	Dev. Standard	Minimum	Maximum	kurtosis	Asymmetry	Pearson chi square	p-value approx. Next.
Are you satisfied with the help you receive from the family when you have a problem?	1.65	0.611	0	2	1,297	-1,555	8,982	0.011
Do you talk to each other about the problems you have at home?	1.51	0.662	0	2	-0.098	-1,033	20,253	0,000
Are important decisions made jointly with the family?	1.53	0.694	0	2	-0.002	-1,153	16,196	0,000
Are weekends shared by everyone in the house?	1.45	0.703	0	2	-0.472	-0.892	17,381	0.001
Do you feel that your family loves you?	1.76	0.561	0	2	3,871	-2,238	8,919	0.012

Prepared by: the authors

When carrying out the analysis of the questions posed in the questionnaire to demonstrate the degree of functionality in all the families in the study, with respect to the question Do you feel that your family loves you?, 82.1% present with the item Almost always, followed by72.1% in relation to Are you satisfied with the help you receive from your family when you have a problem?; compared to the question Are weekends shared by everyone in the house? which presents a lower percentage of 57.1%. These are groups of families within the highly functional range, so the highest percentages are found in the almost always alternative.

Correlation Statistics
In relation to the score, the highest mean of 1.76 and a standard deviation of 0.561 corresponds to the question *you feel that your family loves you?* followed by a mean of 1.65, a standard deviation of 0.611 in Are you satisfied with the help you receive from your family when you have a problem?, as well as the positive kurtosis of 3.871 and 1.297 respectively. Whereas, the lowest mean score of 1.45 corresponds to Are weekends shared by everyone in the house? When correlating the questions posed, it is evident that there is a statistically significant correlation p-value of 0.000 in the questions: Do you discuss the problems you have at home with each other?, and Are important decisions taken together with the family?, without leaving aside the other alternatives, which also present a significant relationship, considering a p-value of < 0.05.

Discussion and Conclusions
The family is the integration of individuals with the objective of support and protection, whether united by emotional situations, guardianship, marriage, adoption or blood ties, with some common characteristics and one of its most important functions is to contribute to and protect the health of others. its members, through the transmission of beliefs and values from parents to children, must guarantee personal development and facilitate the individual socialization of each member. The family approach depends on its peculiarities. In this sense, functional families show details of clear and direct communication, the definition of roles, the autonomy of the members, maturity to solve problems, cohesion, and solidarity among its members, according to the dimensions of adaptation, participation, development, affection and resolution [2,7,9,10].

On the other hand, family health should also be mentioned as a unique and unrepeatable process at a given moment in the life cycle, it is constituted, with the fulfillment of the functions of all the members of the family, a conceptual and methodological approach that enables the transformation of services, development of health teams and an increase in effective comprehensive care for users and their families, but socioeconomic, sociocultural and psychological factors are also involved [11,12]. Although negative consequences can also occur when one of its members presents health alterations in any of these components [13].

In the proper functioning of the family, the effectiveness of the interactions is built between the members that make up the family, the same ones that constitute protective or risk factors, when one of its members needs to face a medical condition. If coping is adequate, the person can achieve a better quality of life and greater biopsychosocial well-being [6]. It is also noted the ability of the family to maintain consistency and stability in the presence of changes that can cause diseases [14]. Alarcón in his study on "Family functioning and its relationship with happiness" concludes that family cohesion generates happiness [15].

The APGAR-family scale is an instrument widely used in the field of primary health care, especially in family health contexts, which allows health professionals to identify those families with conflicts or difficulties in fulfilling their duties. It has been managed in different circumstances such as: pregnancy, postpartum depression, allergic conditions, adolescents, older adults, arterial hypertension, and in health promotion and family follow-up estudies. In addition, to find out if the family represents a positive response for the patient or, on the contrary, affects their living conditions [1,7,16,17,18].

On the contrary, family dysfunction causes a negative impact on the members, with the deficit of social support, the type of marital status also influences, and the presence of a serious illness in a family member. In addition, certain social problems such as lack of communication, prostitution, delinquency, consumption-sale of alcohol and drugs, and physical and psychological abuse [5]. In this context, Ordoñez Azuara, et al., presents a study with 437 families, resulting in the types of families with adolescents associated with family dysfunction being single-parent families with a non-integrated nucleus and high family poverty [9]. likewise, the article by Paz Morales, et al., determined that, in the parenting style, the permissive prevailed with 62.3% and the majority of parents presented an imbalance in family functioning [19]. In The present investigation shows a 9.3% dysfunctionality in the home.

The average age of the interviewees in this study is 42.74 years, in relation to the 32.09 years presented in his study by Paz Morales [19].

To carry out the analysis of this study, the questionnaire with the family APGAR Likert scale [6], also used by Castilla H. et al, [20] was applied. which evaluates the perception of family functioning in 256 male students from a school in Lima, and found highly significant associations (p<.001) in the item-test correlation analysis. On the other hand, [21], applied a questionnaire in the city of Portoviejo - Ecuador, and the result was 1 point, with severe dysfunction.

In the Pahuara study, ML. [22], with 65 older adults to evaluate family functionality, determined that 55% perceive their family with good family function and only 8% distinguish severe family dysfunction. On the other hand, Cuba et al. [23], in a cross-sectional publication, with a sample of 120 families, 75% of them had a perception of a better quality of life. 35% of families had inadequate functionality through the Family APGAR; No significant association was found between quality of life and family functionality. In relation to the work of Reyes Narváez (3) that in his results, families with mild dysfunction (33.1%) predominated, followed by moderate dysfunction (28.8%), and good function (25.6%). also, in the city of Guayaquil, a qualitative study, with a total of 78 families, reports apparent functionality and average family satisfaction, which are related to female overload [24]. These data are far from those presented in our study, where 80.7% of families were functional, and had a high degree of satisfaction

in all the questions posed with the item (almost always), of the total families in the study, the 69.3% reside in rural areas.

Regarding the correlation of variables in family functioning, the highest average score is 1.76 and corresponds to the question Do you feel that your family loves you?, as well as the positive kurtosis of 3.871; data similar to those presented by Mayorga [1] in relation to the same question with a mean of 1.62 and a p-value of <0.001.

Each family is made up of different social nuclei, with their own identity and as a scenario they have various sites of interrelationships, which implies a development for the analysis of family dynamics, from which we extract the structural, functional and intergenerational properties of long duration in the family environment.

There are families with mild, moderate, and severe dysfunction, so it is important to identify risk factors and seek intervention strategies as health personnel, to provide biopsychosocial support.

The study shows a close correlation between the degree of satisfaction almost always and high functionality among families. Therefore, the family APGAR Scale is considered a valid and reliable measure to determine the degree of satisfaction and its relationship with family functioning.

Adequate preparation of health professionals is required to face these family situations and through promotion and prevention in primary health care to reduce morbidity and mortality in the population.

Improve the socio-economic growth of families, through promoting education policies and productive activities

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